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CORRECTIONAL MANAGED CARE
INTAKE HISTORY AND HEALTH SCREENING

1721640

I. IDENTIFICATION

NAME: McCallum, Jerry OCCUPATION: Driver EDUCATION: High School
 DOB: 04/04/53 COUNTY: McLennan PREVIOUS TDCJ #(s): _____

II. FAMILY HISTORY

1 Blood disease (sickle cell anemia, hemophilia)	YES	NO	18 INH Prophylaxis	YES	NO
2 Cancer	YES	NO	19 Intravenous Drug Abuse	YES	NO
3 Diabetes	YES	NO	20 Kidney Disease	YES	NO
4 Heart Disease	YES	NO	21 Liver Disease	YES	NO
5 High Blood Pressure	YES	NO	22 Mental Illness	YES	NO
6 Tuberculosis	YES	NO	23 Non Intravenous Drug Abuse/Alcoholism	YES	NO
III. PERSONAL HISTORY			24 Peptic Ulcers	YES	NO
11 D 1 Asthma/Emphysema	YES	NO	25 Rheumatic Fever	YES	NO
2 Back Injury	YES	NO	26 Rheumatism/Arthritis	YES	NO
3 Blood Disease (sickle cell anemia, hemophilia)	YES	NO	27 Seasonal Allergies	YES	NO
4 Cancer	YES	NO	28 Sexually Transmitted Diseases	YES	NO
5 Cavities	YES	NO	29 Smoker	YES	NO
6 Depression/Suicide Attempt	YES	NO	30 Tetanus Immunization Date	YES	NO
7 Diabetes	YES	NO	31 Tuberculosis	YES	NO
8 Drug/ Food Allergies	YES	NO	32 Unprotected Sex w/Multiple Partners	YES	NO
9 Epilepsy/Seizures	YES	NO	33 Other		
10 Glasses/Hearing Aid	YES	NO	IV. OBSTETRIC/GYNECOLOGIC AL HX <input checked="" type="checkbox"/> N/A		
11 Gum disease	YES	NO	1 Date of last menstrual period		
12 Head Injury	YES	NO	2 Number of pregnancies/live births		
13 Heart Disease/Angina	YES	NO	3 History of Problem pregnancy		
14 Hepatitis	YES	NO	4 Date of last pap smear		
15 High Blood Pressure	YES	NO	5 Date of last mammogram		
16 HIV + / AIDS	YES	NO	6 History of birth control methods (IUD, pills, etc)		
Prior HIV Test Date		NO			
17 Homosexual/Bisexual Activities		NO			
A. If YES to any of the above indicate family member or self, give date and treatment received					
<u>② Father, Brother</u>					
B. History of hospitalization? YES <input checked="" type="checkbox"/> NO <u>Hill Country Hospital</u>					
Please list the DATE, HOSPITAL, CONDITION					
C. Do you have any current medical, mental health or dental complaints? YES <input checked="" type="checkbox"/> NO					
If yes, what <u>tooth pull, Depression</u>					
D. Have you experienced any of these symptoms cough, weakness, weight loss, fevers, night sweats, loss of appetite or lethargy?					
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> If YES, when?					
E. What illegal drugs have you used? <u>no</u>					
What was the mode(s) of use? (Please circle) Smoking Injection Inhaled Ingested					
What amount and how often did you use drugs and alcohol?					
When was the last time you used drugs or alcohol?					
Have you ever had withdrawal or seizures when you stopped using drugs or alcohol? YES NO					
F. Are you presently taking or supposed to be taking any prescribed medications? YES <input checked="" type="checkbox"/> NO					
If YES, what <u>See Med Sheet</u>					

HSM-13 (6/06)

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CORRECTIONAL MANAGED CARE
INTAKE HISTORY AND HEALTH SCREENING

Reason for taking medications								
G	Observations	Tremor	YES	NO	Sweating	YES	NO	Other
	Condition of skin	Cuts	YES	NO	Bruises	YES	NO	
		Sores	YES	NO	Other			
	Body & Movement	Deformities	YES	NO	Impaired Motor Activity	YES	NO	
		Other						
H BEHAVIOR AND MENTAL STATUS								
	Hygiene & Appearance	<input checked="" type="checkbox"/> Clean, neat		Dirty, sloppy		Other		
	Orientation (ask questions and document response)							
	What is today's date?	7/15/11						
	What time is it?	Morning						
	What place is this?	Hutchins						
	Speech	<input checked="" type="checkbox"/> Normal		Loud		Soft		Mumbling
	Attitude	<input checked="" type="checkbox"/> Appropriate		Laughing		Crying		Cursing
						Quiet		Other
I THOUGHT CONTENT (Please circle YES or NO)								
	Are you having current thoughts about suicide or self-injury?						YES	NO
	Do you see or hear things that others do not see or hear?						YES	NO
	Do you have any special powers abilities?						YES	NO
	Do you receive personal messages from the TV or radio?						YES	NO
	Do you have any phobias or excessive fears?						YES	NO
J. DISPOSITION								
	Routine referral to	<input checked="" type="checkbox"/> Medical		<input checked="" type="checkbox"/> Mental Health		<input checked="" type="checkbox"/> Dental		<input checked="" type="checkbox"/> CID
	Immediate referral to	<input checked="" type="checkbox"/> Medical		<input checked="" type="checkbox"/> Mental Health		<input checked="" type="checkbox"/> Dental		<input checked="" type="checkbox"/> CID
	Release to general population	YES		NO		Other		
Offender Signature		Larry McCallister				Date		7-15-11
Reviewer Signature		D. Woodward				Date		7/15/11

Approved by
7/18/11

HSM-13 (6/06)

Correctional Managed Care
DEATH SUMMARY

Patient Name: MCCOLLUM, LARRY G TDCJ#: 1721640 Date: 11/23/2011 12:02 Facility:
HUTCHINS (HJ)

Admission Date: 11/23/2011 10:40AM
Date of Birth: 04/04/1953 Age: 58 Race: W Sex: male
Most recent vitals from 11/13/2003: BP: 112 / 87 (Standing) Wt. 192 Lbs. Height Pulse: 107 (Standing)
Resp.: 18 / min Temp: 97 (Oral)
Allergies: NO KNOWN ALLERGIES

Medications: HCTZ 25 MG/D PO

Date of Incarceration: 7/15/11

Date and Hour of Death: 7/28/11 AT 11:35 PM

Place of Death: PARKLAND MEMORIAL HOSPITAL,DALLAS TEXAS

Reviewer: A.D.BABBILI,PA-C FOR DR.ORIG MD

Brief Summary of Medical History and Physical Examination: THIS 58 YOWM,ARRIVED FROM MCCLENNAN COUNTY JAIL ON 7/15/11,WITH A HX.OF HYPERTENSION AND WAS PRESCRIBED TO TAKE HCTZ 25 MG/DAILY.

ON 7/22/11 HE PRESENTED TO THE NIGHT DMS TRIAGE NURSE WITH A SEIZURE ACTIVITY LASTED APPROXIMATELY 5 MINUTES IN TOP BUNK BED SECURED AND STABILIZED BY SECURITY STAFF FROM FALLING OFF. HE WAS IMMEDIATELY TRANSFERRED TO PARKALND HOSPITAL EMERGENCY ROOM EVALUATION AND TREATMENT.

ON 7//20/11-INITIAL ROUTINE HYPERTENSION CHRONIC CLINIC LABS REVEALED WBC=13.1,BLOOD SUGAR =130(ASSUMABLY.POST PRANDIAL BREAKFAST)
BUN=31,CREATENINE=1.67,GFR=44,SODIUM=133,CHLORIDE=91,CO2=19,CHOLESTEROL=157,LCL=102,TRIGLY CERIDE=195,HGB A1C=6.2,TSH=2.86.URINALYSIS REVEALED A SP.GRAVITY OF 1.028,WBC=>30 WITH WBC ESTERASE=1+,PROTEIN=1+,KETONES= TRACE

Outpatient Course:HCTZ 25MG/D PO FOR HTN

Emergency Room Visit(s): 7/22/11

Inpatient Course(s): 7/22/11 TO 7/28/11 TREATMENT DETAILS ARE NOT AVAILABLE

Current Medications:

Terminal Event:HYPERTHERMIA WITH MULTIPLE ORGAN FAILURE

1 of 2

Attachment A
Policy A-11

**Autopsy Findings: 1.HYPERTHERMIA-COMPLICATED BY HYPOXIC ISCHEMIC
ENCEPHALOPATHY,DIC,SHOCK,MULTIPLE ORGAN FAILURE.
2.HX.OF HYPERTENSION,
3.MORBID OBESITY,
4.CONTUSION OF SCALP AND FACE,
5.SUBGALEAL HEMORRHAGE.**

Electronically Signed by BABBILI, ANANDA D. PA-C on 11/23/2011.
Electronically Signed by ORIG, TITO M. M.D. on 11/23/2011.
##And No Others##



SOUTHWESTERN
INSTITUTE OF FORENSIC SCIENCES
AT DALLAS

Office of the Medical Examiner

Autopsy Report



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Case: IFS-11-10161 - ME

172 1640

Decedent: McCollum, Larry Gene 58 years White Male DOB: 04/04/1953

Date of Death: 07/28/2011 (Actual)

Time of Death: 11:35 PM (Actual)

Examination Performed: 07/29/2011 09:30 AM

ORGAN WEIGHTS:

Brain: 1,600 g	Right Lung: 700 g	Right Kidney: 260 g
Heart: 550 g	Left Lung: 500 g	Left Kidney: 280 g
Liver: 2,590 g	Spleen: 250 g	

EXTERNAL EXAMINATION

The body is identified by tags. Photographs and fingerprints are taken.

The body is received nude. No personal effects or jewelry are present on the body.

The body is that of a normally-developed white male which appears consistent with the recorded age of 58 years. When nude, it measures 70 inches in length and weighs 345 pounds. There is good preservation in the absence of embalming. Rigor mortis is present. Lividity is located on the posterior body surfaces and blanches with pressure. The body is room temperature in the presence of minimal refrigeration.

The hairline is receding and there is short gray hair that is cut very close to the scalp. Mustache and beard stubble are on the face. The irides are brown and there are no petechiae of the bulbar or palpebral surface of the conjunctivae. The ears, nose, and lips are unremarkable. The mouth has natural dentition. The neck is without masses or unusual mobility. The chest and back are unremarkable. The abdomen is protuberant. The extremities are symmetric. The external genitalia, perineum, and anus are unremarkable.

A 1 inch area of indentation and red discoloration is on the right side of the forehead.

IDENTIFYING MARKS AND SCARS

A 3 inch linear scar is obliquely oriented on the right side of the abdomen.

A 2 inch linear scar is on the right temporal scalp.

EVIDENCE OF TREATMENT



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IFS-11-10161

McCollum, Larry Gene



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- Cardiac monitor pads affixed to the chest
- Intravascular catheter in upper right arm
- Hospital band encircling left wrist
- Foley catheter
- Rectal catheter connected to plastic bag containing fecal material
- Needle puncture surrounded by ecchymosis in the left inguinal region
- Needle punctures in the right inguinal region, with extravasated blood within the soft tissue and musculature surrounding the right inguinal canal

EVIDENCE OF INJURY

A 1/4 inch purple contusion is on the superior aspect of the bridge of the nose.

Reflection of the scalp reveals a 3 cm area of hemorrhage in the left temporalis muscle along the parietal bone. A 1 inch purple contusion with central abrasion is immediately inferior to the left external ear. Deep to this is a 4 cm area of hemorrhage within the underlying soft tissue.

A 2 cm purple contusion is on the left supraclavicular region. A 2 inch purple to yellow contusion is on the right upper abdomen near the subcostal margin. A few purple contusions measuring between 1 and 2 cm each are on the left side of the chest. A 1/2 inch red abrasion is on the front of the proximal left forearm. A 2 inch purple contusion is on the posterior aspect of the left thigh.

INTERNAL EXAMINATION

BODY CAVITIES: Approximately 300 cc of tan clear fluid are within each pleural cavity. The pericardial and peritoneal cavities contain no adhesions or abnormal collections of blood or other fluid.

HEAD: See EVIDENCE OF INJURY. The dura and dural sinuses are unremarkable. There are no epidural, subdural or subarachnoid hemorrhages. The leptomeninges are thin and delicate. The cerebral hemispheres are symmetrical, with flattened gyri and effaced sulci. There is mild notching of the parahippocampal gyri. The cerebellar tonsils are soft; sections reveal friable, tan-red necrotic parenchyma. The cranial nerves and blood vessels are unremarkable. Sections through the brainstem are unremarkable. Sections through the cerebral hemispheres exhibit diffuse blurring of the gray-white matter junctions. There are no hemorrhages in the deep white matter or the basal ganglia. The cerebral ventricles contain no blood. The spinal cord, as viewed from the cranial cavity, is unremarkable.

NECK: The soft tissues and prevertebral fascia are unremarkable. The hyoid bone and laryngeal cartilages are intact. The lumen of the larynx is not obstructed.

CARDIOVASCULAR SYSTEM: The intimal surface of the abdominal aorta is free of significant atherosclerosis. The aorta and its major branches and the great veins are normally distributed and unremarkable. The pulmonary arteries contain no thromboemboli. The heart is markedly enlarged, with normal contours. The pericardium, epicardium, and endocardium are smooth, glistening, and unremarkable. There are no thrombi in the atria or ventricles. The foramen ovale is closed. The coronary arterial system is free of significant atherosclerosis. The atrial and ventricular septa are intact. The cardiac valves are unremarkable. The myocardium is dark red-brown and firm, and there are no focal



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McCollum, Larry Gene

abnormalities.



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RESPIRATORY SYSTEM: The upper airway is unobstructed. The laryngeal mucosa is smooth and unremarkable, without petechiae. The pleural surfaces are smooth and glistening. The major bronchi are unremarkable. Sectioning of the lungs discloses a dark red-blue, moderately congested parenchyma.

HEPATOBIILIARY SYSTEM: The liver is covered by a smooth, glistening capsule. The parenchyma is dark red-brown and moderately congested. The gallbladder contains approximately 10 cc of dark green bile, and one dark green cholesterol stone measuring approximately 2 inches in greatest dimension.

GASTROINTESTINAL SYSTEM: The tongue is grossly normal both externally and upon sectioning. The esophageal mucosa is gray, smooth, and unremarkable. The stomach is empty. There are no tablets or capsules. The gastric mucosa has normal rugal folds, and there are no ulcers. The small and large intestines are externally unremarkable. The appendix is absent. The pancreas is unremarkable externally and upon sectioning.

GENITOURINARY SYSTEM: The capsules of both kidneys strip with ease to reveal smooth and slightly lobulated surfaces. The cortices are of normal thickness, with well-demarcated corticomedullary junctions. The calyces, pelves, and ureters are unremarkable. The urinary bladder is empty. The mucosa is gray, smooth, and unremarkable. The prostate gland is unremarkable both externally and upon sectioning.

ENDOCRINE SYSTEM: The thyroid and adrenal glands are unremarkable externally and upon sectioning.

LYMPHORETICULAR SYSTEM: The spleen is covered by a smooth, blue-gray, intact capsule. The parenchyma is dark red. The cervical, hilar, and peritoneal lymph nodes are unremarkable.

MUSCULOSKELETAL SYSTEM: The clavicles, ribs, sternum, pelvis, and vertebral column have no fractures. The diaphragm is intact.

MICROSCOPIC EXAMINATION:

Heart: myocyte hypertrophy; increased interstitial and perivascular fibrosis.

Lung: vascular congestion.

Liver: moderate macrovesicular steatosis, mild focal centrilobular necrosis.

Kidney: No significant pathologic alteration is identified.

Spleen: diffuse hypocellularity with depletion of both the red and white pulp.



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McCollum, Larry Gene

TOXICOLOGY:



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Evidence Submitted:

The following items were received by the Laboratory from the Office of the Medical Examiner:

- 004: Biohazard Bag
- 004-001: Blood, femoral - gray top tube
- 004-002: Blood, femoral - gray top tube
- 004-003: Blood, femoral - gray top tube
- 004-004: Blood, femoral - gray top tube
- 004-005: Blood, femoral - red top tube
- 004-006: Vitreous - red top tube
- 004-007: Skeletal muscle - plastic tube

Blood, postmortem

Acid/Neutral Screen (GC/MS)
negative (004-001)

Alcohols/Acetone (GC)
negative (004-002)

Alkaline Quantitation (GC, GC/MS)
negative (004-001)

Opiate Narcotics (GC/MS)
0.107 mg/L morphine (004-002)

Vitreous

Alcohols/Acetone (GC)
negative (004-006)

Opiate Narcotics (GC/MS)
0.046 mg/L morphine (004-006)



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McCollum, Larry Gene



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FINDINGS:

1. Hyperthermia

- a. History that the decedent was in a hot environment without air conditioning, and was witnessed to collapse with seizure activity.
- b. History that the decedent presented to the Emergency Department unresponsive, with a body temperature of 109.4 degrees Fahrenheit.
- c. Hospital course complicated by
 - 1. hypoxic-ischemic encephalopathy
 - 2. disseminated intravascular coagulation
 - 3. shock
 - 4. multi-system organ failure
- d. Brain swelling
 - 1. transtentorial herniation
 - 2. cerebellar tonsillar herniation and acute necrosis
 - 3. hypoxic-ischemic encephalopathy

2. History of hypertension

- a. Cardiac hypertrophy (heart weight = 550 grams)
- b. History of treatment with hydrochlorothiazide

3. Morbid obesity (Body mass index = 49.5)

4. Contusions of scalp and face

5. Subgaleal hemorrhage

6. No significant injuries

CONCLUSIONS:

Based on the autopsy and the history available to me, it is my opinion that Larry Gene McCollum, a 58-year-old white male, died as the result of hyperthermia. The decedent was in a hot environment without air conditioning, and he may have been further predisposed to developing hyperthermia due to morbid obesity and treatment with a diuretic (hydrochlorothiazide) for hypertension.

MANNER OF DEATH: Accident



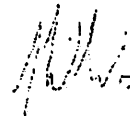
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McCollum, Larry Gene

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10/26/2011

Keith Pinckard, M.D., Ph.D.

Medical Examiner



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Z

**Authorization to Release Protected Health Information (PHI)
To Health Care Providers under contract to TDCJ**

Patient Name MCCOLLUM, LARRY G TDCJ #: 1721640
Date of Birth 4/4/1953

I am currently incarcerated and receiving medical treatment within the Texas Department of Criminal Justice (TDCJ). This Authorization is to provide my medical information to the health care providers under contract to TDCJ for continuing my medical care and treatment.

I authorize release of medical records FROM

Parkland Hospital

Please send requested medical records TO

Hutchins State Jail

1500 East Langdon Road

Dallas, TX 75241

I specifically authorize health care providers under contract to TDCJ to obtain the following PHI (Provide description of the particular medical record information you are requesting be released to health care providers under contract to TDCJ such as date or time period of the requested information)

<input checked="" type="checkbox"/> Complete Records	<u>FROM 2011</u>	Hospital Records	_____
Clinic Records	_____	Radiology Reports	_____
Lab Reports	_____	Operative Reports	_____
Shot Records	_____	Discharge Summary	_____
Other	_____		

By signing this Authorization Form, I understand that I am giving my authorization for health care providers under contract to TDCJ to receive all protected health information (PHI) relating to my diagnosis, testing or treatment. I understand that my expressed consent is required to release any health care information relating to testing, diagnosis and/or treatment for HIV (AIDS virus), sexually transmitted diseases, psychiatric disorders/mental health, or drug and/or alcohol use. You are specifically authorized to release all health care information relating to such diagnosis, testing, or treatment. I may revoke this authorization at any time. I understand that such a revocation will not have any effect on any information already used or disclosed by health care providers under contract to TDCJ before the health care providers under contract to TDCJ received my written notice of revocation. I understand that the information disclosed pursuant to this authorization may be re-disclosed by health care providers under contract to TDCJ, but that any re-disclosure would be protected under federal and Texas privacy laws. This Authorization is voluntary and I may refuse to sign this Authorization Form. I understand that I am not required to sign this Authorization Form in exchange for the receipt of treatment from health care providers under contract to TDCJ. This authorization will expire on the 180th day of the signing.

[Signature]
Signature of Patient or Authorized Personal Representative

July 29, 2011
Date

FACILITY NURSE MANAGER
Relationship to Patient

1 of 1

X



#

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TEXAS UNIFORM HEALTH STATUS UPDATE

I. NAME: McCollum Larry G. DOB: 4/04/53 AGE: 58
 Last First MI
 STATE ID# 3950494 RACE: W SEX: Male ☒ Female ☐
 COUNTY/TDCJ# 34610 WT: 330 HT: 5'10

II. CURRENT/CHRONIC HEALTH PROBLEMS

A. Health Problems

- ☐ 1. None
☐ 2. Asthma
☐ 3. Pregnancy
☐ 4. Dental Priority
☐ 5. Diabetes
☐ 6. Drug Abuse
☐ 7. Alcoholism
☐ 8. Orthopedic Problems
☐ 9. Cardiovascular/Heart Trouble
☐ 10. Suicidal
☐ 11. Mental Retardation
☐ 12. Mental Illness (Specify diagnosis) _____
☐ 13. Recent Surgery
☐ 14. Seizures
☐ 15. Dialysis
☒ 16. Hypertension
☒ 17. CARE System YTD

*NOTE When screening substance abuse facility clients, please contact the TDCJ-ID Health Services Liaison at (936)437-3589 for clients with any chronic disease symptoms deemed unstable.

B. Preventive Medicine

- ☒ 1. Tuberculosis Status
 Skin Test: Date Given: 6/28/11 Date Read: 6/27/11 Results 0 mm*
 X-Ray: Date: 1/1/11 Normal ☐ Abnormal ☐ Anti-TB Treatment? No ☐ Yes ☐
☐ 2. Hepatitis: A ☐ B ☐ C ☐ Other: _____
☐ 3. HIV Antibody: Test Date: 1/1/11 Results: Neg ☐ Pos ☐ CD4: _____ Date: 1/1/11
☐ 4. Syphilis: Date: 1/1/11 Type: _____ Treatment Completed: ☐ Yes ☐ No

*NOTE: If any treatment has been recommended, the X-Ray was abnormal, or skin test indicates infection please attach tuberculosis record.

C. Other Health Care Problems: none

IV. CURRENT PRESCRIBED MEDICATIONS

None ☐

Medication	Dosage	Frequency
<u>Clonidine</u>	<u>0.1mg ÷ tab P.O</u>	<u>PRN BP</u>

THIS FORM MUST ACCOMPANY ALL OFFENDERS TRANSFERRED TO AND FROM ALL TEXAS CRIMINAL JUSTICE ENTITIES

COMPLETED BY: Shelbi Smith RN DATE: 7/15/11
 Signature/Title
 PHONE NUMBER: 254-757-2555 FACILITY: McLennan County Jail

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953

Patient ID: 1716091 Service Date: 07/18/2011 12:35:00

HUTCHINS (HJ)
CID

LABORATORY DIRECTOR

TB SKIN TEST

MRN : 1721640 Accession: 33015661 Age : 58 Years
 Patient Name: MCCOLLUM, LARRY G Sex : Male
 Home Phone : Work : () -
 Admitting MD: UNKNOWN UNKNOWN Phone:
 Attending MD: UNKNOWN UNKNOWN Phone:
 Referring MD: Phone:
 Ordering MD : Phone:

Tech : VELVA L MCKINNEY L.V.N. Verifier: VELVA L MCKINNEY L.V.N.
 Collection Time: 07/18/2011 12:35
 Result Time : 08/01/2011 12:35
 Report Time : 08/01/2011 12:35
 Comment:

Test	Result	Abn	Normal Range	Units
MFG			-	
LOT #			-	
DOSE			-	
SITE			-	
ROUTE			-	
PPD READ	0 mm		-	
REFUS SIGN			-	

This document has been sent for signature, but has not yet been reviewed

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Managed Care
CID CLINIC NOTE
HIV PRE-TEST COUNSELING

Patient Name McCollum, Larry TDCJ # 1721640
 Date 07/15/2011 Facility HUTCHINS (HJ)

Vitals BP _____ Wt _____ Height _____ Pulse _____ Resp _____ Temp _____

Patient Language:			Name of Interpreter, if required: NA	
S:	Chief Complaint:	<input checked="" type="checkbox"/>		Patient offered HIV testing per policy 14 11
		<input checked="" type="checkbox"/>		Pre-release HIV test
				Patient requesting HIV test
				Patient reported history of previous positive HIV test
				Other (specify)
O:	Yes	No	Mark "Yes" or "No" for the following:	
		<input checked="" type="checkbox"/>	Patient is symptomatic (list symptoms)	
		<input checked="" type="checkbox"/>	The patient requests HIV testing and gave a history of the following risk factors	
		<input checked="" type="checkbox"/>	Injected nonprescription drugs	
		<input checked="" type="checkbox"/>	Unprotected sexual activity with multiple sex partners (male and/or female)	
		<input checked="" type="checkbox"/>	Tattoo	
		<input checked="" type="checkbox"/>	Patient received blood transfusions or blood products	
		<input checked="" type="checkbox"/>	The patient's TB skin test was positive	
		<input checked="" type="checkbox"/>	Exposed staff to blood or other potentially infectious body fluids	
		<input checked="" type="checkbox"/>	Patient was potentially exposed to blood and/or body fluids	
	<input checked="" type="checkbox"/>		Patient offered HIV testing per policy 14 11	
A:	<input checked="" type="checkbox"/>		Knowledge deficit	
	<input checked="" type="checkbox"/>		High risk	
P:	Yes	No	Mark "Yes" or "No" for the following:	
	<input checked="" type="checkbox"/>		HIV pre-test counseling and HIV antibody testing is offered	
	<input checked="" type="checkbox"/>		Discuss HIV prevention recommendations	
			1 Behave as if positive	
			2 Abstinence from sex, drugs and tattooing	
			3 Mutually monogamous relationships	
	<input checked="" type="checkbox"/>		Review partner notification procedures should the patient test positive	
	<input checked="" type="checkbox"/>		The patient gave their verbal consent for HIV antibody testing (If consent given, obtain provider order for HIV testing)	
		<input checked="" type="checkbox"/>	The patient refused HIV antibody testing Obtain their signature on a Refusal of Treatment form (HSM-82)	
	<input checked="" type="checkbox"/>		Health teaching offered stressing the importance of plan of care compliance	
<input checked="" type="checkbox"/>		If potential exposure, report incident to Preventive Medicine department		
<input checked="" type="checkbox"/>		Patient verbalized level of understanding of the testing procedure, confidentiality and that they would not be rescheduled to receive negative test results, but only for positive or equivocal indeterminate results		

Nurse Signature: VMC Bringer

Date / Time 07/15/2011 @ 0900

05/01/2009

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CID ABSTRACT OF IMMUNIZATIONS **Tuberculin Skin Tests**

Patient Name McCollum, Larry TDCJ # 1721641

Date 07/15/2011 Facility HUTCHINS (HJ)

Vitals BP _____ Wt _____ Height _____ Pulse _____ Resp _____ Temp _____

Patient Language: _____ Name of Interpreter, if required: NA

MANTOUX PPD				
DATE/TIME GIVEN	MFG/LOT #	LFA	RFA	ROUTE
07/15/2011	JHP PHARM 148813			Intradermally

IMMUNIZATIONS							
DATE/TIME GIVEN	MFG/ LOT #	DOSE	ROUTE	TYPE OF VACCINE	SITE	REACTION	SIGNATURE/ TITLE
07/15/2011	SANOPI-PAST U3388AA	0.5 MI	IM	Td Booster	<input checked="" type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid	NARN	VMC Ring LVN
		0.5 mL	<input type="checkbox"/> Sub Q <input type="checkbox"/> IM	Pneumococcal Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid <input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	IM	Influenza	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis A #1 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis A #2 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		0.5 mL	Sub Q	Meningococcal	<input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	Sub Q	Vaccella #1	<input type="checkbox"/> Outer aspect of L or R upper arm		
		0.5 mL	Sub Q	Varicella #2	<input type="checkbox"/> Outer aspect of L or R upper arm		
		1.0 mL	IM	Hepatitis B #1 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis B #2 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		1.0 mL	IM	Hepatitis B #3 Vaccine	<input type="checkbox"/> L Deltoid <input type="checkbox"/> R Deltoid		
		0.5 mL	Sub Q	Measles/Mumps Rubella (MMR)	<input type="checkbox"/> Outer aspect of L or R upper arm		

Nurse Signature

VMC Ring LVN

Date / Time 07/15/2011 @0900

HSM-2
05/01/2009

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/28/2011 08:48

58

Correctional Managed Care
CID INTAKE INTERVIEWPatient Name: McColum, LarryTDCJ #: 1721640Date: 07/15/2011Facility: HUTCHINS (HJ)

Vitals BP: _____ Wt: _____ Height: _____ Pulse: _____ Resp: _____ Temp: _____

Patient Language: _____

Name of interpreter, if required: NA

S:	CHIEF COMPLAINT:				CID intake processing including pre-test HIV counseling
O:	YES	NO	REFUSED	N/A	Mark "Yes", "No" or "Refused" for the following:
	X				HIV - Patient verbally agrees to HIV testing per state law (if yes mark Plan line 1a, if no or refused obtain HSM-82 and mark Plan line 10)
	X				RPR - RPR test is required by state and policy/procedure #14 12 (if yes mark Plan line 1b, if no or refused obtain HSM-82)
		X			MMR - Born after 1956 - <u>1953</u>
	X				MMR - Attended Texas Schools (if no mark Plan line 2, or obtain refusal HSM-82)(if pregnant, mark N/A)
		X			HBV - Allergic to yeast
		X			HBV - Hepatitis B vaccine available - If no skip next two lines
					HBV - Agrees to Hepatitis B vaccine (if yes mark Plan line 3, if no obtain "Refusal of HBV Vaccine" HSM-98)
					HBV - Consent for hepatitis B vaccine signed (form 100E) or refusal signed
		X			TB - History of positive TB skin test - written documentation (if no and less than 45 years of age mark Plan line 4, if yes or refused mark Plan line 5)
					TB - If yes - date _____ CPX _____ months (if CPX taken less than 6 months or currently taking CPX mark Plan line 6)
					TB - Patient 45 years of age or older and no documentation available to verify a previous positive Mantoux skin test (if yes, mark Plan line 11)
	X				Tetanus & Diphtheria - Verbally agrees to Tetanus and Diphtheria Toxoid Booster (mark Plan line 7 if yes, if no or refused obtain HSM-82)
	YES	NO	UNKNOWN		
	X				History of varicella (if yes mark Plan line 9 to add alert code 5290 to MPL/Problem list, if no mark MPL/Problem list for possibly susceptible)
					If female, is patient pregnant? If yes how many weeks? (if yes or unknown mark Plan line 8)
A:					Alteration Health Maintenance

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/28/2011 08:48

Correctional Managed Care CID INTAKE INTERVIEW

P:	PLAN:	
	X	1a Obtain order for lab to draw HIV
	X	1b Obtain order for lab to draw RPR
		2 Obtain order for MMR 0.5cc vaccine sub q
		3 Obtain order for Hepatitis B vaccine 20mcg/1ml – administer hep B vaccine at 0, 1 and 6 months if indicated per TDCJ policy
	X	4 Obtain order for PPD 0.1cc ID (L) forearm and will check within 48-72 hours
		5 Obtain order for CXR single view
		6 Refer to provider to schedule for ITP/TB Chronic Clinic
	X	7 Obtain order for Tetanus and Diphtheria Toxoid Booster 0.5cc vaccine IM
	X	8 Refer to provider to schedule appointment
	X	9 Add alert code 5290 to MPL/Problem List
X	10 Add alert code 1112 to MPL/Problem List (indicates HIV high risk screening completed)	
X	11 Obtain order for two-step Mantoux skin test (PPD 0.1cc ID (L) forearm and will check within 48-72 hours. If the reaction is lesser than 10 mm of induration, the second step is administered one to two weeks later)	
REFER TO PROVIDER:		
X	1a Order for lab to draw HIV	
X	1b Order for lab to draw RPR	
	2 Order for MMR 0.5cc vaccine sub q	
	3 Order for Hepatitis B vaccine 20mcg/1ml – administer hep B vaccine at 0, 1 and 6 months if indicated per TDCJ policy	
X	4 Order for PPD 0.1cc ID (L) forearm and will check within 48-72 hours	
	5 Order for CXR single view	
	6 Schedule appointment for ITP/TB Chronic Clinic	
X	7 Order for Tetanus & Diphtheria Toxoid 0.5cc vaccine IM	
X	8 Schedule appointment with provider	
	9 Administer flu vaccine 0.5 CC IM x 1 if indicated per TDCJ policy	
X	10 Order for two-step Mantoux skin test (PPD 0.1cc ID (L) forearm and will check within 48-72 hours. If the reaction is lesser than 10 mm of induration, the second step is administered one to two weeks later)	

Nurse Signature: _____

V McRimney LVN

Date / Time: 07/15/2011 @ 0900

**CORRECTIONAL MANAGED CARE
MD/MLP CHART REVIEW**

Patient Name: MCCOLLUM, LARRY G **TDCJ#:** 1721640 **Date:** 11/04/2011 12:56 **Facility:** HUTCHINS (HJ)
Age: 58 year **Race:** W **Sex:** male
Most recent vitals from 11/13/2003: BP: 112 / 87 (Standing) ; Wt: 192 Lbs.; Height: ; Pulse: 107 (Standing) ; Resp: 18 / min;
Temp: 97 (Oral)
Allergies: NO KNOWN ALLERGIES

Current Medications:

OBTAIN REPORT OF AUTOPSY FINDINGS AND COPY OF DEATH CERTIFICATE RECORD FROM PARKLAND HOSP.
DATE OF DEATH 07/28/11

Procedures Ordered:

Date Time	Description	Comments	Special Instructions	Diagnosis
11/4/2011 12:59PM	MD/MLP CHART REVIEW			

Electronically Signed by ORIG, TITO M. M.D. on 11/04/2011.
##And No Others##

Scanned by HICKS, STEPHANIE K. CCA in facility HUTCHINS (HJ) on 07/20/2011 13:32

Name McCollum Lang CLINIC NOTE
 TDCJ No Intake TEXAS DEPARTMENT OF CR
 Unit: HUTCHINS STATE JAIL NKA INSTITUTIONAL DI

Date & Time

NOTES

7-15-11

S

Offenders received from:

McClennan1230

With history of:

HTN

OA

See HSM-13 and Texas Health Status Updated for current orders from county

P

Current medication orders as per HJ providers.

VO T Orig, MD A Babbili, PA-C / N. Beckstrom, NP

D/C ClonidineStart Hct 2 25 of X IPO9 AM X 300Babbili PA

Medication Pass issued to Offender YES/NO

NOview7/15/11

Please sign each entry with status

HSM - 1 (11/5/92)

Date: 07/22/2011 03:27
From: GINA STOKES
To: HUTCHINS NURSING STAFF(E); HUTCHINS ALL PROVIDERS(E);
Subject:
Re: LARRY MCCOLLUM

PATIENT: MCCOLLUM, LARRY TDCJ #: 1721640 FACILITY:
HUTCHINS (HJ)

HE WAS SENT OUT 911. HE WAS HAVING A SEIZURE ON TOP BUNK AND SECURITY COULD NOT
GET HIM DOWN SAFELY. NO HISTORY SEEN OF SEIZURES.
FOLLOW UP ON HIS RETURN.HE WAS SENT TO ER AT PARKLAND HOSPITAL.

THANKS,
CRAIN TRIAGE

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CORRECTIONAL MANAGED CARE
INTAKE HISTORY AND HEALTH SCREENING

1721640

I. IDENTIFICATION

NAME: McCollum, Jerry OCCUPATION: Driver EDUCATION: High School
 DOB: 04/04/53 COUNTY: McLennan PREVIOUS TDCJ #(s): _____

II. FAMILY HISTORY

1 Blood disease (sickle cell anemia, hemophilia)	YES	NO	18 INH Prophylaxis	YES	NO
2 Cancer	YES	NO	19 Intravenous Drug Abuse	YES	NO
3 Diabetes	YES	NO	20 Kidney Disease	YES	NO
4 Heart Disease	YES	NO	21 Liver Disease	YES	NO
5 High Blood Pressure	YES	NO	22 Mental Illness	YES	NO
6 Tuberculosis	YES	NO	23 Non Intravenous Drug Abuse/Alcoholism	YES	NO
III. PERSONAL HISTORY			24 Peptic Ulcers	YES	NO
11 D 1 Asthma/Emphysema	YES	NO	25 Rheumatic Fever	YES	NO
2 Back Injury	YES	NO	26 Rheumatism/Arthritis	YES	NO
3 Blood Disease (sickle cell anemia, hemophilia)	YES	NO	27 Seasonal Allergies	YES	NO
4 Cancer	YES	NO	28 Sexually Transmitted Diseases	YES	NO
5 Cavities	YES	NO	29 Smoker	YES	NO
6 Depression/Suicide Attempt	YES	NO	30 Tetanus Immunization Date	YES	NO
7 Diabetes	YES	NO	31 Tuberculosis	YES	NO
8 Drug/ Food Allergies	YES	NO	32 Unprotected Sex w/Multiple Partners	YES	NO
9 Epilepsy/Seizures	YES	NO	33 Other		
10 Glasses/Hearing Aid	YES	NO	IV. OBSTETRIC/GYNECOLOGIC AL HX		
11 Gum disease	YES	NO	1 Date of last menstrual period		
12 Head Injury	YES	NO	2 Number of pregnancies/live births		
13 Heart Disease/Angina	YES	NO	3 History of Problem pregnancy		
14 Hepatitis	YES	NO	4 Date of last pap smear		
15 High Blood Pressure	YES	NO	5 Date of last mammogram		
16 HIV +/- AIDS	YES	NO	6 History of birth control methods (IUD, pills, etc.)		
Prior HIV Test Date		NO			
17 Homosexual/Bisexual Activities		NO			

A. If YES to any of the above indicate family member or self, give date and treatment received

Father, Brother

B. History of hospitalization?

Please list the DATE, HOSPITAL, CONDITION

Hillman Hospital

C. Do you have any current medical, mental health or dental complaints? YES NO

If yes, what

tooth pull, Depression

D. Have you experienced any of these symptoms cough, weakness, weight loss, fevers, night sweats, loss of appetite or lethargy?
YES (NO) If YES, when?

E. What illegal drugs have you used?

What was the mode(s) of use? (Please circle) Smoking Injection Inhaled Ingested

What amount and how often did you use drugs and alcohol?

When was the last time you used drugs or alcohol?

Have you ever had withdrawal or seizures when you stopped using drugs or alcohol?

YES

NO

F. Are you presently taking or supposed to be taking any prescribed medications? YES NO

If YES, what

See Med Sheet

HSM-13 (6/08)

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CORRECTIONAL MANAGED CARE
INTAKE HISTORY AND HEALTH SCREENING

Reason for taking medications									
G	Observations	Tremor	YES	NO	Sweating	YES	NO	Other	
	Condition of skin	Cuts	YES	NO	Bruises	YES	NO		
		Sores	YES	NO	Other				
	Body & Movement	Deformities	YES	NO	Impaired Motor Activity	YES	NO		
		Other							
H BEHAVIOR AND MENTAL STATUS									
Hygiene & Appearance		<input checked="" type="checkbox"/> Clean, neat		<input type="checkbox"/> Dirty, sloppy		<input type="checkbox"/> Other			
Orientation (ask questions and document response)									
		What is today's date? 7/15/11							
		What time is it? Morning							
		What place is this? Hutchins							
Speech		<input checked="" type="checkbox"/> Normal	<input type="checkbox"/> Loud	<input type="checkbox"/> Soft	<input type="checkbox"/> Mumbling		<input type="checkbox"/> Other		
Attitude		<input checked="" type="checkbox"/> Appropriate	<input type="checkbox"/> Laughing	<input type="checkbox"/> Crying	<input type="checkbox"/> Cursing	<input type="checkbox"/> Quiet	<input type="checkbox"/> Other		
I THOUGHT CONTENT (Please circle YES or NO)									
Are you having current thoughts about suicide or self-injury?					YES	NO			
Do you see or hear things that others do not see or hear?					YES	NO			
Do you have any special powers abilities?					YES	NO			
Do you receive personal messages from the TV or radio?					YES	NO			
Do you have any phobias or excessive fears?					YES	NO			
J. DISPOSITION									
Routine referral to		<input checked="" type="checkbox"/> Medical	<input checked="" type="checkbox"/> Mental Health	<input checked="" type="checkbox"/> Dental	<input checked="" type="checkbox"/> CID				
Immediate referral to		<input type="checkbox"/> Medical	<input type="checkbox"/> Mental Health	<input type="checkbox"/> Dental	<input type="checkbox"/> CID				
Release to general population		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> Other					
Offender Signature		Larry McCollins				Date		7-15-11	
Reviewer Signature		D. Woodward				Date		7/15/11	

HSM-13 (6/06)

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 07/20/2

Lab Data Imported From and Tests Performed By:

LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G
 Patient Id : 1721640
 Patient Phone :
 Date of Birth : 04/04/1953
 SS# : 000-00-3517 Sex : Male

Ordering
 Physician : ORIG, TITO
 Facility : HUTCHINS (HJ)
 1500 E. LANGDON RD
 HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
Accession: 32858464 Requisition: 32858464				
Drawn: 07/20/11 08:42 Received: 07/20/11 23:40 Reported: 07/21/11 08:43				

Procedure: CBC With Differential/Platelet

WBC	13.1	H	x10E3/uL	4.0-10.5
RBC	4.63		x10E6/uL	4.10-5.60
Hemoglobin	14.8		g/dL	12.5-17.0
Hematocrit	43.4		%	36.0-50.0
MCV	94		fL	80-98
MCH	32.0		pg	27.0-34.0
MCHC	34.1		g/dL	32.0-36.0
RDW	15.2	H	%	11.7-15.0
Platelets	204		x10E3/uL	140-415
Neutrophils	60		%	40-74
Lymphs	32		%	14-46
Monocytes	8		%	4-13
Eos	0		%	0-7
Basos	0		%	0-3
Immature Cells				
Neutrophils (Absolute)	7.7		x10E3/uL	1.8-7.8
Lymphs (Absolute)	4.3		x10E3/uL	0.7-4.5
Monocytes (Absolute)	1.1	H	x10E3/uL	0.1-1.0
Eos (Absolute)	0.0		x10E3/uL	0.0-0.4
Baso (Absolute)	0.0		x10E3/uL	0.0-0.2
Immature Granulocytes	0		%	0-2
Please note reference interval change				
Immature Grans (Abs)	0.0		x10E3/uL	0.0-0.1
NRBC				
Hematology Comments:				

Procedure: Comp. Metabolic Panel (14)

Glucose, Serum	130	H	mg/dL	65-99
BUN	31	H	mg/dL	6-24
Creatinine, Serum	1.67	H	mg/dL	0.76-1.27
eGFR If NonAfrican Am	44	L	mL/min/1.73 m2	>59
eGFR If African Am	51	L	mL/min/1.73 m2	>59

Note: A persistent eGFR <60 mL/min/1.73 m2 (3 months or more) may indicate chronic kidney disease. An eGFR >59 mL/min/1.73 m2 with an elevated urine protein also may indicate chronic kidney disease.

Print Date: 07/21/2011 07:53

Page: 1/4

Data Imported From and Tests Performed By:

LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G
 Patient Id : 1721640
 Patient Phone :
 Date of Birth : 04/04/1953
 SS# : 000-00-3517 Sex : Male

Ordering

HUTCHINS (HJ) 1500 E. LANGDON RD HUTCHINS TX 75241 Tel. 9722251304 Page 1 of 4

Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Physician : ORIG, TITO
Facility : HUTCHINS (HJ)
1500 E. LANGDON RD
HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
Calculated using CKD-EPI formula.				
BUN/Creatinine Ratio	19			9-20
Sodium, Serum	133	L	mmol/L	135-145
Potassium, Serum	3.5		mmol/L	3.5-5.2
Chloride, Serum	91	L	mmol/L	97-108
Carbon Dioxide, Total	18	L	mmol/L	20-32
Verified by repeat analysis				
Calcium, Serum	8.8		mg/dL	8.7-10.2
Protein, Total, Serum	7.8		g/dL	6.0-8.5
Albumin, Serum	4.0		g/dL	3.5-5.5
Globulin, Total	3.8		g/dL	1.5-4.5
A/G Ratio	1.1			1.1-2.5
Bilirubin, Total	0.8		mg/dL	0.0-1.2
Alkaline Phosphatase, S	56		IU/L	25-150
AST (SGOT)	34		IU/L	0-40
ALT (SGPT)	21		IU/L	0-55

Procedure: Urinalysis, Complete

Specific Gravity	1.028			1.005-1.030
pH	5.5			5.0-7.5
Urine-Color	Yellow			Yellow
Appearance	Cloudy	A		Clear
WBC Esterase	1+	A		Negative
Protein	1+	A		Negative/Trace
Glucose	Negative			Negative
Glucose Reflex				
Ketones	Trace	A		Negative
Occult Blood	Negative			Negative
Bilirubin	Negative			Negative
Urobilinogen, Semi-Qn	0.2		mg/dL	0.0-1.9
Nitrite, Urine	Negative			Negative
Microscopic Examination	See below:			

Procedure: Microscopic Examination

WBC	>30	A	/hpf	0 - 5
RBC	0-3		/hpf	0 - 3
Epithelial Cells (non renal)	0-10		/hpf	0 - 10
Epithelial Cells (renal)				
Casts	Present	A	/lpf	None seen
Cast Type	Hyaline casts			N/A
Print Date: 07/21/2011 07:53				Page: 2/4

Data Imported From and Tests Performed By:
LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G
Patient Id : 1721640
Patient Phone :
Date of Birth : 04/04/1953
SS# : 000-00-3517 Sex : Male

Ordering
Physician : ORIG, TITO
Facility : HUTCHINS (HJ)
1500 E. LANGDON RD
HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
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Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Crystals

Crystal Type	Present	Not Estab.
Mucus Threads	Few	None seen/Few
Bacteria		
Yeast		
Trichomonas		
Comment		

Procedure: Urinalysis, Complete
Microscopic Examination

Procedure: Lipid Panel

Cholesterol, Total	157		mg/dL	100-199
Triglycerides	195	H	mg/dL	0-149
HDL Cholesterol	16	L	mg/dL	>39
According to ATP-III Guidelines, HDL-C >59 mg/dL is considered a negative risk factor for CHD.				
VLDL Cholesterol Cal	39		mg/dL	5-40
LDL Cholesterol Calc	102	H	mg/dL	0-99

Procedure: Panel 083824

HIV 1/0/2 Abs-Index Value	<1.00	<1.00
Index Value: Specimen reactivity relative to the negative cutoff.		
HIV 1/0/2 Abs, Qual	Non Reactive	Non Reactive

Procedure: Hgb Alc with eAG Estimation

Hemoglobin Alc	6.2	H	%	4.8-5.6
Increased risk for diabetes:				5.7 - 6.4
Diabetes:				>6.4
Glycemic control for adults with diabetes:				<7.0
Estim. Avg Glu (eAG)	131		mg/dL	

Procedure: TSH

TSH	2.860		uIU/mL	0.450-4.500
-----	-------	--	--------	-------------

Procedure: RPR

RPR	Non Reactive	Non Reactive
-----	--------------	--------------

L Low, H High, C Critical, * Abnormal Alpha

Print Date: 07/21/2011 07:53

Page: 3/4

Data Imported From and Tests Performed By:
LabCorp 1-800-292-4021

Patient Name : MCCOLLUM, LARRY G
Patient Id : 1721640
Patient Phone :
Date of Birth : 04/04/1953
SS# : 000-00-3517 Sex : Male

Ordering

Physician : ORIG, TITO
Facility : HUTCHINS (HJ)
1500 E. LANGDON RD
HUTCHINS TX 75241

Test Name	Result	ABN Flag	Unit	Reference Range
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Patient Name: MCCOLLUM, LARRY G Patient DOB: 04/04/1953 Patient ID: 1716091 Service Date: 07/20/2011 08:42:00

Print Date: 07/21/2011 07:53
Electronically Signed by ORIG, TITO M. M.D. on 08/03/2011.
##And No Others##

Page: 4/4

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/21/2011 14:00

DATE INTERVIEWED: 7/18/11SCREENER'S INITIALS: SKB

7-15

TDCJ OFFENDER INTAKE PROCESSING PSYCHOLOGICAL SCREENING INTERVIEW

NAME: McCollum, Larry Gene TDCJ #: 1721640
 DOB: 4/4/53 AGE: 58 GENDER: ☒ MALE ☐ FEMALE
 PLACE OF BIRTH: Enid, OK RACE: ☒ CAUCASIAN
 PRIOR TDCJ #: 1105534 ☐ AFRICAN AMERICAN
 PRIOR TDCJ INCARCERATIONS: ☒ YES ☐ NO ☐ HISPANIC
 PRIOR ASSIGNMENT TO CTC: ☐ YES ☐ NO ☐ OTHER: _____
 PRIOR ASSIGNMENT TO DDP: ☐ YES ☐ NO
 ON PSYCH. SERVICES CASELOAD: ☐ YES ☐ NO

CURRENT OFFENSE: Forgery (1) (12 mos.)

SPECIAL CONSIDERATIONS FOR INTERVIEWS:

- ☒ NONE
☐ SPANISH-SPEAKING ONLY
☐ HEARING/VISUAL IMPAIRED
☐ WHEEL-CHAIR/OTHER SIGNIFICANT MOBILITY PROBLEM
☐ SECURITY RISK: _____
☐ OTHER: _____

OTHER GENERAL COMMENTS:

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YES NO

1. HOW ARE YOU FEELING? Rough. Adjusting.
2. HAVE YOU EVER HAD ANY KIND OF MENTAL, EMOTIONAL, OR NERVE PROBLEMS?
 DID YOU GET ANY TYPE OF COUNSELING? yes
 FROM WHOM? (IF APPLICABLE) _____
 WHAT WAS IT FOR? _____
 WHEN WAS IT? _____
 WHERE WAS IT? Buster Cole - transferred to Skyview #4 below
3. HAVE YOU EVER TAKEN MEDICINE(S) PRESCRIBED FOR YOUR:
☐ NERVES ☐ MENTAL PROBLEMS ☐ EMOTIONAL PROBLEMS?
 SPECIFY THE MEDICATION: Zoloft, etc.
 WHEN DID YOU TAKE THIS MEDICATION? 2009
 BY WHOM WAS IT PRESCRIBED? ☐ PSYCHIATRIST
☐ PHYSICIAN
☐ OTHER: thinks nothing needed
4. HAVE YOU EVER BEEN A PATIENT IN A MENTAL HOSPITAL?
 WHY? Depression - loss of family members
 WHEN? _____
 WHERE? Skyview - 2002-04
 WAS IT: ☐ COURT COMMITMENT OR ☐ VOLUNTARY?
5. HAS ANY MEMBER OF YOUR FAMILY EVER HAD MENTAL OR EMOTIONAL PROBLEMS?
 WHAT TYPE? _____
6. HAVE YOU EVER HAD A HEAD INJURY OR SEIZURE?
 SPECIFY: _____
7. HAVE YOU EVER TRIED TO HURT YOURSELF OR COMMIT SUICIDE?
 HOW MANY TIMES? _____
 HOW? ☐ CUT ARM / WRIST ☐ HANGING
☐ OD'ed ON _____ ☐ OTHER _____
 WHEN? _____
 WHY? _____
 WAS MEDICAL ATTENTION REQUIRED? ☐ YES ☐ NO
8. HAVE YOU EVER HURT YOURSELF ON PURPOSE WHEN YOU WERE NOT TRYING TO COMMIT SUICIDE?
 HOW? _____
9. ARE YOU THINKING ABOUT HURTING OR KILLING YOURSELF NOW?
10. DO YOU HEAR THINGS THAT OTHER PEOPLE DO NOT HEAR?
 SPECIFY: _____

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YES NO

- ☐ ☒ 11. DO YOU SEE THINGS THAT OTHER PEOPLE DO NOT SEE?

SPECIFY: _____

- ☐ ☒ 12. DO YOU BELIEVE THAT YOU HAVE ANY SPECIAL GIFTS OR SUPER POWERS THAT OTHERS DO NOT HAVE?

WHAT KIND? _____

13. WHAT KIND OF DRUGS DID YOU EXPERIMENT WITH OR USE ON A REGULAR BASIS?

☐ NONE☐ BARBITURATES☐ METHAMPHETAMINE (SPEED)☐ HEROIN☐ ACID☐ INHALANTS☐ COCAINE☐ HASH☒ ALCOHOL *quit 10 yrs. ago*☐ MARIJUANA☐ PCP☐ OTHER _____

14. WHAT WAS THE LAST GRADE YOU COMPLETED IN SCHOOL? GRADE _____

WHERE ☒ USA☐ MEXICO☐ OTHER: _____

DO YOU HAVE A.

☒ HIGH SCHOOL DIPLOMA ☐ GED

- ☒ ☐ 15. WHILE IN SCHOOL, WERE YOU EVER IN SPECIAL CLASSES?

WHY? *D. E. Worked 1/2 day*WHAT GRADE(S)? *12*

- ☐ ☒ 16. WERE YOU EVER PLACED IN A JUVENILE DETENTION CENTER, BOY'S HOME OR OTHER GROUP HOME?

WHY? _____

- ☐ ☒ 17. HAVE YOU EVER BEEN CONVICTED OF AN OFFENSE COMMONLY CONSIDERED TO BE IN THE CATEGORY OF SEXUAL OFFENSES?

IF YES, SPECIFY: _____

- ☐ ☒ 18. HAVE YOU EVER, WITH LITTLE OR NO PROVOCATION, EXPERIENCED LOSS OF CONTROL OF YOURSELF THAT RESULTED IN SERIOUS ASSAULT TO SOMEONE OR DESTRUCTION OF PROPERTY?

- ☐ ☒ 19. HAVE YOU EVER BEEN A VICTIM OF CRIMINAL VIOLENCE? IF YES, SPECIFY:

Scanned by GUZMAN, SANDRA in facility HUTCHINS (HJ) on 07/21/2011 14:00

BEHAVIORAL OBSERVATIONS

APPEARANCE: ☒ UNREMARKABLE ☐ DISHEVELED ☐ ODI
HYGIENE: ☒ GOOD ☐ FAIR ☒ POOR
INTERACTION: ☒ COOPERATIVE ☐ LIMITED ☐ UNCOOPERATIVE
MOTOR BEHAVIOR: ☒ WITHIN NORMAL LIMITS ☐ RESTLESS ☐ DID NOT MOVE
☐ _____
SPEECH: ☐ CLEAR ☐ MUMBLES ☐ SPEECH IMPEDIMENT
RATE: ☒ SPONTANEOUS ☐ FAST ☐ _____
MOOD: ☐ WITHIN NORMAL LIMITS ☒ SAD *Heavy-eyed* ☐ IRRITABLE
☐ UNUSUALLY HAPPY ☒ ANXIOUS ☐ FRIGHTENED
☐ SILLY ☐ _____
ALERTNESS: ☒ ALERT ☐ CONFUSED ☐ DAZED ☐ DISTRACTED

▼ **This section must be completed by a Qualified Mental Health Professional** ▼DISPOSITION – REFERRED FOR FURTHER EVALUATION ☒ YES ☐ NO

REASON FOR REFERRAL:

- ☐ DISPLAYED SYMPTOMS OF PSYCHIATRIC ILLNESS
☒ HISTORY OF MENTAL HEALTH TREATMENT
☐ CURRENT SUICIDAL IDEATION
☐ PRIOR SUICIDAL GESTURE(S)
☐ DISPLAYED UNUSUAL BEHAVIOR
☐ AFFECTIVE DISTRESS NOTED
☐ UNUSUAL NATURE OF OFFENSE
☐ HIGH RISK FOR ADJUSTMENT PROBLEMS
☐ OTHER: _____

MENTAL HEALTH APPRAISAL COMPLETED BY:

I. Smith, MA
 Mental Health Clinician

PRINTED NAME

SIGNATURE

DATE

CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING

Patient Name: MCCOLLUM, LARRY G TDCJ#: 1721640 Date: 07/22/2011 03:16 Facility:
HUTCHINS (HJ)

Age: 58 year Race: W Sex: male

Most recent vitals from 11/13/2003: BP: 112 / 87 (Standing) ; Wt: 192 Lbs.; Height: ; Pulse: 107
(Standing) ; Resp: 18 / min; Temp: 97 (Oral)

Allergies: NO KNOWN ALLERGIES

Patient Language:	Name of interpreter, if required:
-------------------	-----------------------------------

Current Medications:

SCR INITIATED?		YES	Date Received:
	X	NO	

Nursing Triage Form

Name of Security Officer Calling LT SANDERS

Presenting Problems/Symptoms HE IS ON THE TOP BUNK HAVING A SEIZURE THAT
HAS LASTED FOR 5 MINUTES. SECURITY CAN NOT GET HIM OFF THE TOP BUNK.
THEY ARE STANDING UP AGAINST THE TOP BUNK TO KEEP HIM FROM FALLING.
THEY CALLED 911. HE HAS NO HISTORY OF SEIZURE DISORDER. HIS CELL MATE
SAYS HE IS DIABETIC. NO HX OF THIS SEEN IN CHART.

NO MEDICAL ON THE UNIT

Protocol used: (List protocol name, and page number):

1. SEIZURE PG 471

2. _____

3. _____

4. _____

5. Other _____

Problem: X Emergent _____ Urgent _____ Non-Urgent
(Immediately) (2 hrs) (Pass Issued / Fill out Sick Call Request)

Circle/Mark "X" Correct Information

Telephone Triage

X 1. Instructions given to security officer to call 911 and transport offender patient to nearest
local community hospital ED.

2. Instructions given to security officer to transport the offender patient to the designated HUB
for a full assessment and further care. (applicable only if the facility is within a designated HUB area)

3. Instructed the Security officer to issue a pass to the offender patient to come to medical the next day.

4. Other as ordered by a provider: _____

5. Instructions given to security officer to place offender patient in front of the DMS equipment
in medical for assessment / interview.

Additional Comments UR NOTIFIED. CONTACT ANN. PRECERT NO 776845

**CORRECTIONAL MANAGED CARE
CLINIC NOTES - NURSING**

Patient Name: MCCOLLUM, LARRY G **TDCJ#:** 1721640 **Date:** 07/22/2011 03:16 **Facility:** HUTCHINS (HJ)
PARKLAND HOSPITAL WAS CONTACTED. REPORT GIVEN TO VIRGINIA. I CALLED BACK TO HUTCHINS TO MAKE SURE HE WAS OK. THEY SAID THE AMBULANCE WAS THERE AND THEY WERE TAKING CARE OF HIM.

Revision 07/18/10
(Telephone Triage Revision 08/19/10, COPY AND PASTE into patient's EMR)

Electronically Signed by STOKES, GINA E. R.N. on 07/22/2011.
##And No Others##

PATIENT: McCollum, Amy
 MRN: _____
 DOB: _____
 UOA: _____
 HOUSING: _____
 ALLERGIES: NKA

DOCUMENTATION CODES
 A = Accepted
 R = Refused
 D = Deleted error
 K = KOP
 S = From Stock

Nurse Signature: [Signature]
 NA = Med Not Available
 H = Medical Hold
 DC = Discontinued
 NS = No Show
 DO = Dose Omitted
 LD = Lock Down

INITIAL [Signature]

MEDICATION & DIRECTIONS	HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
HCTZ 25mg x 1009am x 300 Babbitt START 9-15-11 STOP 8-15-11	AM																															
PROVIDER RN START STOP																																
MEDICATION & DIRECTIONS	HOUR																															
PROVIDER RN START STOP																																
MEDICATION & DIRECTIONS	HOUR																															
PROVIDER RN START STOP																																
MEDICATION & DIRECTIONS	HOUR																															
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MEDICATION & DIRECTIONS	HOUR																															
PROVIDER RN START STOP																																

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA §
 McCOLLUM, individually, and STEPHANIE §
 KINGREY, individually and as independent §
 administrator of the Estate of LARRY GENE §
 McCOLLUM, §

PLAINTIFFS

V.

CIVIL ACTION NO.

4:14-cv-3253

JURY DEMAND

BRAD LIVINGSTON, JEFF PRINGLE, §
 RICHARD CLARK, KAREN TATE, §
 SANDREA SANDERS, ROBERT EASON, the §
 UNIVERSITY OF TEXAS MEDICAL §
 BRANCH and the TEXAS DEPARTMENT OF §
 CRIMINAL JUSTICE. §

DEFENDANTS

Plaintiffs' Consolidated Summary Judgment Response Appendix

EXHIBIT 64

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: HJ 7/15/2011

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	81°	65%	83°	Baguio, CO4
7:30 a.m.	82°	67%	84°	Baguio, CO4
8:30 a.m.	87°	65%	89°	Baguio, CO4
9:30 a.m.	98°	60%	96°	Baguio, CO4
10:30 a.m.	95°	58%	106°	Baguio, CO4
11:30 a.m.	97°	54%	107°	Baguio, CO4
12:30 p.m.	108°	54%	108°	Baguio, CO4
1:30 a.m.	94°	47%	108°	ECMAS CO5
2:30 p.m.	103°	45%	110°	ECMAS CO5
3:30 p.m.	108°	46%	117°	ECMAS CO5
4:30 p.m.	105°	43%	115°	ECMAS CO5
5:30 p.m.	104°	40%	113°	ECMAS CO5
6:30 p.m.	102°	37%	110°	ECMAS CO5

OPEN RECORDS

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: H5 71411

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	80°	62%	83°	Bagnig Coy
7:30 a.m.	82°	69%	85°	Bagnig Coy
8:30 a.m.	85°	66%	88°	Bagnig Coy
9:30 a.m.	95°	66%	100°	Bagnig Coy
10:30 a.m.	102°	52%	116°	Bagnig Coy
11:30 a.m.	106°	62%	120°	Bagnig Coy
12:30 p.m.	110°	60%	124°	Bagnig Coy
1:30 a.m.	113°	54%	128 130°	Bagnig Coy
2:30 p.m.	104°	52%	120°	SEAS Coy
3:30 p.m.	101°	50%	115°	SEAS Coy
4:30 p.m.	108°	53%	122°	SEAS Coy
5:30 p.m.	106°	48%	116°	SEAS Coy
6:30 p.m.	105°	43%	113°	SEAS Coy

OPEN RECORDS

TEXAS DEPARTMENT OF CRIMINAL JUSTICE

Temperature Log

Unit: 415

Date: <u>7/17/11</u>	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	77	68%	85°	L. Langley
7:30 a.m.	77	69%	82	L. Langley
8:30 a.m.	82	65%	83°	L. Langley
9:30 a.m.	86	67%	92°	L. Langley
10:30 a.m.	86	76%	95°	L. Langley
11:30 a.m.	92	63%	107°	L. Langley
12:30 p.m.	97	52%	113°	L. Langley
1:30 p.m.	105	50%	135°	Phillips
2:30 p.m.	105.7 °F	48%	135	King
3:00 p.m.	104.9 °F	46%	135	King
3:30 p.m.	107.1 °F	45%	135	King
4:00 p.m.	104.2 °F	44%	123	King
4:30 p.m.	107.0 °F	43%	123	King
5:00 p.m.	108.9 °F	42%	137	King
5:30 p.m.	108.0 °F	38%	137	King
6:00 p.m.	106.4 106.4	34%	113	King
6:30 p.m.	108.11	33%	123	King

Plaintiffs' MSJ Appx. 125

001490

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: 115

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
7/18/11				
6:30 a.m.	78°	68%	85°	BUSTIN COS
7:30 a.m.	81°	68%	85°	BUSTIN COS
8:30 a.m.	85°	68%	93°	BUSTIN COS
9:30 a.m.	96°	65%	114°	BUSTIN COS
10:30 a.m.	103°	68%	135°	BUSTIN COS
11:30 a.m.	94°	60%	114°	BUSTIN COS
12:30 p.m.	99	54%	140°	BUSTIN COS
1:30 a.m.	100°	50%	114°	ECTAS COS
2:30 p.m.	102°	48%	115°	ECTAS COS
3:30 p.m.	105°	48%	118°	ECTAS COS
4:30 p.m.	106°	46%	120°	ECTAS COS
5:30 p.m.	106°	44%	118°	ECTAS COS
6:30 p.m.	106°	48%	118°	ECTAS COS

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: H/S

7-19-11

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	75°	71%	77°	BURST
7:30 a.m.	79°	73%	85°	BURST
8:30 a.m.	89°	67%	100°	BURST
9:30 a.m.	99°	64%	120°	BURST
10:30 a.m.	112	65%	149° +	BURST
11:30 a.m.	114°	65%	149° +	BURST
12:30 p.m.	112°	65%	149° +	BURST
1:30 a.m.	114°	59%	150° +	BURST
2:30 p.m.	104°	48%	117°	ECHEAS COS
3:30 p.m.	105°	45%	117°	ECHEAS COS
4:30 p.m.	104 108°	43%	100°	ECHEAS COS
5:30 p.m.	107°	40%	118	ECHEAS COS
6:30 p.m.	107°	39%	116	ECHEAS COS

OPEN RECORDS

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: HJ 720-4

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	76°	71'	77°	Bagnio, Coy
7:30 a.m.	78°	68	78	Chapman
8:30 a.m.	82	68	84	Chapman
9:30 a.m.	90°	64%	91°	Bagnio, Coy
10:30 a.m.	92°	63%	96°	Bagnio, Coy
11:30 a.m.	94°	61%	98°	Bagnio, Coy
12:30 p.m.	100°	54'	120°	Bagnio, Coy
1:30 p.m.	97°	52%	108	STARS COS
2:30 p.m.	103°	50%	112°	STARS COS
3:30 p.m.	104°	48%	112°	STARS COS
4:30 p.m.	105°	46%	113°	STARS COS
5:30 p.m.	105°	43%	112°	STARS COS
6:30 p.m.	98°	48%	105°	STARS COS

OPEN RECORDS

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: AT 7-21-2011

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	80°	75%	85°	Baguio, C04
7:30 a.m.	80°	76%	85°	Baguio, C04
8:30 a.m.	85°	68%	91°	Baguio, C04
9:30 a.m.	88°	69%	96°	Baguio, C04
10:30 a.m.	92°	62%	97°	Baguio, C04
11:30 a.m.	96°	70%	100°	Baguio, C04
12:30 p.m.	98°	57%	103°	Baguio, C04
1:30 a.m.	103°	49%	114°	ECAN, C05
2:30 p.m.	104°	48%	115°	ECAN, C05
3:30 p.m.	107°	46%	118°	ECAN, C05
4:30 p.m.	107°	44%	116°	ECAN, C05
5:30 p.m.	112°	42%	117°	ECAN, C05
6:30 p.m.	106°	40%	116°	ECAN, C05

TEXAS DEPARTMENT OF CRIMINAL JUSTICE
Temperature Log

Unit: HJ 7-22-11

Date:	Outside Air Temperature	Humidity or Wind Speed	Heat Index or Wind Chill	Person Recording
6:30 a.m.	81°	69%	84°	Baguio, COY
7:30 a.m.	81°	68%	84°	Baguio, COY
8:30 a.m.	84°	68%	87°	Baguio, COY
9:30 a.m.	85°	66%	90°	Baguio, COY
10:30 a.m.	88°	61%	96°	Baguio, COY
11:30 a.m.	93°	60%	100°	Baguio, COY
12:30 p.m.	98°	59%	105°	Baguio, COY
1:30 a.m.	101°	50%	110°	ECHELOS COY
2:30 p.m.	108°	49%	110°	ECHELOS COY
3:30 p.m.	108°	48%	110°	ECHELOS COY
4:30 p.m.	104°	45%	113°	ECHELOS COY
5:30 p.m.	103°	37%	109°	ECHELOS COY
6:30 p.m.	102°	35%	108°	ECHELOS COY

OPEN RECORD

Plaintiffs' MSJ Appx. 1256

001495

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF TEXAS
HOUSTON DIVISION

STEPHEN McCOLLUM, and SANDRA	§	
McCOLLUM, individually, and STEPHANIE	§	
KINGREY, individually and as independent	§	
administrator of the Estate of LARRY GENE	§	
McCOLLUM,	§	
PLAINTIFFS	§	
	§	
v.	§	CIVIL ACTION NO.
	§	4:14-cv-3253
	§	JURY DEMAND
BRAD LIVINGSTON, JEFF PRINGLE,	§	
RICHARD CLARK, KAREN TATE,	§	
SANDREA SANDERS, ROBERT EASON, the	§	
UNIVERSITY OF TEXAS MEDICAL	§	
BRANCH and the TEXAS DEPARTMENT OF	§	
CRIMINAL JUSTICE.	§	
DEFENDANTS	§	

Plaintiffs’ Consolidated Summary Judgment Response Appendix

EXHIBIT 65

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

Stephanie McCollum, et al.,	§	
	§	
v.	§	Civil Action No. 3:12-CV-02037
	§	
Brad Livingston, et al.,	§	
Defendants.	§	JURY DEMAND

**DEFENDANT BRAD LIVINGSTON'S RESPONSES TO PLAINTIFF
STEPHEN MCCOLLUM'S FIRST SET OF REQUESTS FOR
PRODUCTION AND INTERROGATORIES**

TO: Jeff Edwards, The Edward Law Firm, The Bremond Houston House, 706 Guadalupe, Austin, Texas 78701; Scott Medlock, Brian McGiverin, James C. Harrington, Texas Civil Rights Project, 1405 Montopolis Drive, Austin, Texas 78741; and Eliot Shavin, 2600 State Street, Dallas, Texas 75204

COMES NOW the Defendant, Brad Livingston, by and through counsel, the Texas Attorney General's Office, and offers the following **Defendant Brad Livingston's Responses to Plaintiff Stephen McCollum's First Set of Requests for Production and Interrogatories.**

Respectfully submitted,

GREG ABBOTT
Attorney General of Texas

DANIEL T. HODGE
First Assistant Attorney General

DAVID C. MATTAX
Deputy Attorney General for Defense Litigation

KAREN D. MATLOCK
Assistant Attorney General
Chief, Law Enforcement Defense Division



BRUCE R. GARCIA
Assistant Attorney General
Attorney in Charge
State Bar No. 07631060
So. Dist. Bar No. 18934

P.O. Box 12548, Capitol Station
Austin, Texas 78711
(512) 463-2080 / Fax (512) 495-9139

**ATTORNEYS FOR DEFENDANTS
TEXAS DEPARTMENT OF CRIMINAL
JUSTICE, BRAD LIVINGSTON AND JEFF
PRINGLE**

CERTIFICATE OF SERVICE

I, **BRUCE R. GARCIA**, Assistant Attorney General of Texas, do hereby certify that a true and correct copy of the above and foregoing **Defendant Brad Livingston's Responses to Plaintiff Stephen McCollum's First Set of Requests for Production and Interrogatories** has been served by courier services on this the 21st day of December, 2012 addressed to:

Jeff Edwards
The Edwards Law Firm
The Bremond Houston House
706 Guadalupe
Austin, Texas 78701

Scott Medlock
Texas Civil Rights Project
1405 Montopolis Drive
Austin, Texas 78741

Eliot Shavin
2600 State Street
Dallas, Texas 75204



BRUCE R. GARCIA
Assistant Attorney General

FIRST SET OF INTERROGATORIES

1. Identify all steps you took to protect Larry McCollum from heat index temperatures in the Hutchins Unit in excess of 90 degrees.

RESPONSE: I did not know Larry McCollum.

2. Identify all heat-related injuries (refer to definition paragraph R) to inmates in Texas Department of Criminal Justice facilities at any TDCJ unit you were aware of during your employment with TDCJ.

RESPONSE: Objection, overly broad and unduly burdensome, not limited in time or scope, seeks information that is privileged under HIPAA. Subject to and without waiving, I am not personally aware of any specific offender's heat related injuries.

3. Identify all heat-related injuries to employees of the Texas Department of Criminal Justice working in Texas Department of Criminal Justice facilities at any TDCJ unit during the term of your employment, including, but not limited to, injuries where employees filed workers compensation claims.

RESPONSE: Objection, overly broad and unduly burdensome, not limited in time or scope, seeks information that is privileged under HIPAA. Subject to and without waiving, I am not personally aware of any specific employee's heat related injuries.

4. Identify all training you received about heat safety during your employment at the Texas Department of Criminal Justice.

RESPONSE: I have not received training about heat safety during my employment with Texas Department of Criminal Justice.

5. Identify all persons who you believe have knowledge of relevant facts and identify the issues upon which you believe they have knowledge. A response to this interrogatory should include, but is not limited to, all prisoners housed in the dorm with Larry McCollum on July 22, 2011 and July 23, 2011.

RESPONSE: Please see the OIG Investigation Report. Hutchins State Jail Warden Jeff Pringle and TDCJ-CID Region II Director Robert Eason may have knowledge pertinent to this interrogatory. Defendant will supplement.

6. If you contend that some other person or legal entity is in whole or in part liable to Plaintiff in this matter, identify that person or legal entity and describe in detail the basis of said liability.

RESPONSE: None at this time.

7. Please identify each person who provided information or assisted in any way in answering these interrogatories, and as to each such person, please indicate the discovery request with respect to which he or she was involved.

RESPONSE: My attorneys assisted me.

8. Please identify all persons that Defendant expects to call to testify on Defendant's behalf at trial.

RESPONSE: Defendant will supplement.

9. Please identify the names and, if known, the address and telephone number of each individual likely to have discoverable information--along with the subjects of that information--you may use to support your claims or defenses.

RESPONSE: Defendant will supplement.

REQUESTS FOR PRODUCTION

1. Please produce all documents or other physical or tangible evidence related to, referred to, identified in, or that formed the basis of any answer to the previous interrogatories, identifying the specific interrogatory to which that document or evidence is related.

RESPONSE: Objection, overly broad and unduly burdensome. Subject to and without waiving, please see defendant's disclosures, and responses to plaintiff's requests for production.

2. Please produce all documents, including but not limited to inmate grievances and correspondence from state officials, you reviewed prior to July 22, 2011 regarding heat and/or high temperatures in TDCJ facilities, including, but not limited to, inmate grievances regarding conditions at the Hutchins Unit.

RESPONSE: Objection, overly broad and unduly burdensome, not limited in scope or time. Subject to and without waiving, I do not review offender grievances.

3. Please produce all documents you intend to introduce as exhibits at trial.

RESPONSE: Defendant will supplement per the Federal Rules of Civil Procedure and the scheduling order entered into by the parties in this matter.

4. Please produce a copy of all documents, electronically stored information, and tangible things that you have in your possession, custody, or control and may use to support your claims or defenses.

RESPONSE: Objection, overly broad, not limited in scope, time or particularity. Subject to and without waiving, Defendant will supplement per the Federal Rules of Civil Procedure and the scheduling order entered into by the parties in this matter.

VERIFICATION

STATE OF TEXAS


§

§

COUNTY OF WALKER

§

BEFORE ME, the undersigned authority, on this day personally appeared Brad Livingston, who, being personally known to me, after being duly sworn upon his oath deposed and stated that the foregoing responses to interrogatories in *McCollum v. Livingston*, Civil Action No. 3:12cv02037, are true, correct and complete to the best of his knowledge; and he is authorized to execute this verification.


 Brad Livingston
 Executive Director
 Texas Department of Criminal Justice

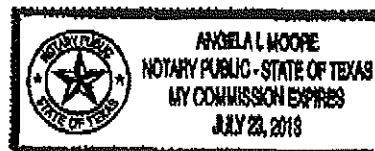
BEFORE ME, the undersigned authority, on this day personally appeared Brad Livingston known personally to me to be the person subscribed in the foregoing instrument.

Given under my hand and seal of office on this 18th day of December, 2012.


 Notary Public in and for the State of Texas

Angela Moore
 Printed Name

My Commission Expires: July 23, 2013



**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

Stephanie McCollum, *et al.*

§

Civil Action No. 3:12-CV-02037

§

§

**Brad Livingston, *et al.*,
Defendants.**

§

§

JURY DEMAND

§

**DEFENDANT JEFF PRINGLE'S RESPONSES TO PLAINTIFF'S
FIRST SET OF REQUESTS FOR
PRODUCTION AND INTERROGATORIES**

TO: Jeff Edwards, The Edward Law Firm, The Bremond Houston House, 706 Guadalupe, Austin, Texas 78701; Scott Medlock, Brian McGiverin, James C. Harrington, Texas Civil Rights Project, 1405 Montopolis Drive, Austin, Texas 78741; and Eliot Shavin, 2600 State Street, Dallas, Texas 75204

COMES NOW the Defendant, Jeff Pringle, by and through counsel, the Texas Attorney General's Office, and offers the following **Defendant Jeff Pringle's Responses to Plaintiff's First Set of Requests for Production and Interrogatories.**

Respectfully submitted,

GREG ABBOTT

Attorney General of Texas

DANIEL T. HODGE

First Assistant Attorney General


DAVID C. MATTAX

Deputy Attorney General for Defense Litigation

KAREN D. MATLOCK

Assistant Attorney General

Chief, Law Enforcement Defense Division



BRUCE R. GARCIA
Assistant Attorney General
Attorney in Charge
State Bar No. 07631060
So. Dist. Bar No. 18934

P.O. Box 12548, Capitol Station
Austin, Texas 78711
(512) 463-2080 / Fax (512) 495-9139

**ATTORNEYS FOR DEFENDANTS TEXAS
DEPARTMENT OF CRIMINAL JUSTICE, BRAD
LIVINGSTON AND JEFF PRINGLE**

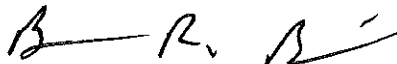
CERTIFICATE OF SERVICE

I, **BRUCE R. GARCIA**, Assistant Attorney General of Texas, do hereby certify that a true and correct copy of the above and foregoing **Defendant Jeff Pringle's Responses to Plaintiff's First Set of Requests for Production and Interrogatories** has been served by courier service on this the 21th day of December 2012 to addressed to:

Jeff Edwards
The Edwards Law Firm
The Bremond Houston House
706 Guadalupe
Austin, Texas 78701

Scott Medlock
Texas Civil Rights Project
1405 Montopolis Drive
Austin, Texas 78741

Eliot Shavin
2600 State Street
Dallas, Texas 75204



BRUCE R. GARCIA
Assistant Attorney General

FIRST SET OF INTERROGATORIES

1. Identify all steps you took to protect Larry McCollum from heat index temperatures in the Hutchins Unit in excess of 90 degrees.

RESPONSE: Mr. McCollum was undergoing the classification process. I had no personal knowledge regarding Mr. McCollum.

2. Identify all heat-related injuries (refer to definition paragraph R) to inmates in Texas Department of Criminal Justice facilities at any TDCJ unit where you were employed during the term of your employment.

RESPONSE: Objection, overly broad and unduly burdensome, and not reasonably limited in scope or time. Subject to and without waiving, please see TDCJ's response to request for production #2.

3. Identify all heat-related injuries to inmates in the Hutchins Unit during the term of your employment at the Hutchins Unit.

RESPONSE: Objection, overly broad and unduly burdensome, and not reasonably limited in scope or time. Subject to and without waiving, please see TDCJ's response to request for production #2

4. Identify all heat-related injuries to employees of the Texas Department of Criminal Justice working in Texas Department of Criminal Justice facilities at any TDCJ unit where you were employed during the term of your employment, including, but not limited to, injuries where employees filed workers compensation claims.

RESPONSE: Objection, overly broad and unduly burdensome, and not reasonably limited in scope or time. Subject to and without waiving, please see TDCJ's response to request for production #2.

5. Identify all training you received about beat safety during your employment at the Texas Department of Criminal Justice.

RESPONSE: I cannot recall all of the training I received during my employment with the Texas Department of Criminal Justice. Please see TDCJ's response to request for production #3 and #4.

6. Identify how inmates were assigned housing at the Hutchins Unit in July 2011.

RESPONSE: Approximately two thousand, two hundred and twenty six offenders live on the facility. However the daily count fluctuates depending upon offender activity. As a result, I cannot give an accurate answer only an approximation.

7. Identify all persons who you believe have knowledge of relevant facts and identify the issues upon which you believe they have knowledge. A response to this interrogatory should include, but is not limited to, all prisoners housed in the dorm with Larry McCollum on July 22, 2011 and July 23, 2011.

RESPONSE: Defendant will supplement.

8. If you contend that some other person or legal entity is, in whole or in part, liable to Plaintiff in this matter, identify that person or legal entity and describe in detail the basis of said liability.

RESPONSE: Unable to answer at this time.

9. Identify what property inmates were issued upon arrival at the Hutchins Unit in July, 2011. A response to this interrogatory should include what property is issued to prisoners by the state upon their arrival, and when inmates are allowed to purchase property from the prison commissary.

RESPONSE: Please see attached TDCJ property policies.

10. Please identify each person who provided information or assisted in any way in answering these interrogatories, and as to each such person, please indicate the discovery request with respect to which he or she was involved.

RESPONSE: My attorneys.

11. Please identify all persons employed at the Hutchins Unit whose duties included spending time in the dormitories during the summer of 2011, including, but not limited to, sworn law enforcement officers and non-sworn employees.

RESPONSE: Objection, overly broad - all employees except those with limited administrative duties may require some time in the dormitories.

12. Please describe why inmates at the Hutchins Unit were not permitted to use personal fans in 2011.

RESPONSE: Please see attached TDCJ property policies.

13. Please identify all persons that Defendant expects to call to testify on Defendant's behalf at trial.

RESPONSE: Defendant will supplement.

14. Please describe why inmates at the Hutchins Unit were not issued a drinking cup upon their arrival at the prison in 2011.

RESPONSE: Please see attached TDCJ property policies.

15. Please identify the names and, if known, the address and telephone number of each individual likely to have discoverable information--along with the subjects of that information--you may use to support your claims or defenses.

RESPONSE: Please see the OIG investigation, in addition, Defendant will supplement.

REQUEST FOR PRODUCTION

1. Please produce all documents or other physical or tangible evidence related to, referred to, identified in, or that formed the basis of any answer to the previous interrogatories, identifying the specific interrogatory to which that document or evidence is related.

RESPONSE: Objection, overly broad and unduly burdensome.

2. Please produce all documents, including, but not limited to inmate grievances and correspondence from state officials, you reviewed prior to July 22, 2011 regarding heat and/or high temperatures in TDCJ facilities, including, but not limited to, inmate grievances regarding conditions at the Hutchins Unit.

RESPONSE: Objection, overly broad and unduly burdensome, not limited in scope or time. Subject to and without waiving, please see TDCJ response to request for production #2.

3. Please produce all documents you intend to introduce as exhibits at trial.

RESPONSE: Defendant will supplement.

4. Please produce a copy of all documents, electronically stored information, and tangible things that you have in your possession, custody, or control and may use to support your claims or defenses.

RESPONSE: Objection, overly broad, not limited in scope, time or particularity. Subject to and without waiving, please see all documents previously provided by defendants.

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

**Stephen McCollum, et al.,
Plaintiffs,**

v.

**Brad Livingston, et al.,
Defendants.**

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§

Civil Action No. 3:12-CV-02037

JURY DEMAND

**DEFENDANT TEXAS DEPARTMENT OF CRIMINAL JUSTICE'S RESPONSES
TO PLAINTIFF SANDRA McCOLLUM'S FIFTH REQUESTS FOR PRODUCTION
AND REQUESTS FOR ADMISSION**

TO: Jeff Edwards, The Edward Law Firm, The Bremond Houston House, 706 Guadalupe, Austin, Texas 78701; Scott Medlock, Brian McGiverin, James C. Harrington, Texas Civil Rights Project, 1405 Montopolis Drive, Austin, Texas 78741; Eliot Shavin, 2600 State Street, Dallas, Texas 75204; and Kim Coogan, Assistant Attorney General, Office of the Attorney General, P.O. Box 12548, Austin, Texas 78711

COMES NOW the Defendant Texas Department of Criminal Justice by and through counsel, the Texas Attorney General's Office, and offers the following **Defendant Texas Department of Criminal Justice's Responses to Plaintiff Sandra McCollum's Fifth Set of Requests for Production and Requests for Admission.**

Respectfully submitted,

GREG ABBOTT

Attorney General of Texas

DANIEL T. HODGE

First Assistant Attorney General

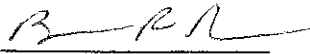
DAVID C. MATTAX

Deputy Attorney General for Defense Litigation

KAREN D. MATLOCK

Assistant Attorney General

Chief, Law Enforcement Defense Division


BRUCE R. GARCIA
Assistant Attorney General
Attorney in Charge
State Bar No. 07631060
So. Dist. Bar No. 18934

P.O. Box 12548, Capitol Station
Austin, Texas 78711
(512) 463-2080 / Fax (512) 495-9139

**ATTORNEYS FOR DEFENDANTS TEXAS
DEPARTMENT OF CRIMINAL JUSTICE,
BRAD LIVINGSTON AND JEFF PRINGLE**

CERTIFICATE OF SERVICE

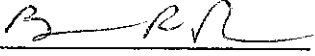
I, **BRUCE R. GARCIA**, Assistant Attorney General of Texas, do hereby certify that a true and correct copy of the above and foregoing **Defendant Texas Department of Criminal Justice's Responses to Plaintiff Sandra McCollum's Fifth Set of Requests for Production and Requests for Admission** has been served by placing same in the United States Mail, postage prepaid, on July 17, 2013 addressed to:

Jeff Edwards
The Edwards Law Firm
The Bremond Houston House
706 Guadalupe
Austin, Texas 78701

Scott Medlock
Texas Civil Rights Project
1405 Montopolis Drive
Austin, Texas 78741

Eliot Shavin
2600 State Street
Dallas, Texas 75204

Kim Coogan - **(Hand Delivered)**
Assistant Attorney General
Office of the Attorney General
P.O. Box 12548
Austin, Texas 78711


BRUCE R. GARCIA
Assistant Attorney General

REQUESTS FOR PRODUCTION

1. Please produce all documents from "Directors Meetings," held between TDCJ regional directors and the Director of the TDCJ Correctional Institutions Division since January 1, 2007. This requests includes, but is not limited to: meeting agendas, meeting minutes, attendance records, audio/video recordings, summaries, and notes.

RESPONSE: See attached.

REQUESTS FOR ADMISSION

1. Admit TDCJ did not, before Mr. McCollum's death, distribute lists of prisoners with heat related medical conditions to the corrections officers who monitored the dorms in the Hutchins Unit.

RESPONSE: ADMIT.

2. Admit lists of prisoners with heat-related medical conditions that TDCJ distributed to the corrections officers who personally monitored the dorms in the Hutchins Unit at any time before Mr. McCollum's death have been destroyed, lost, or no longer exist.

RESPONSE: Defendants can neither admit nor deny as no such lists existed for the purpose described by this request. Subject to and without waiving, denied. TDCJ cannot destroy non-existent lists.

3. Admit UTMB staff at the Hutchins Unit did not provide lists of prisoners with heat-related medical conditions to TDCJ correctional officers at the Hutchins Unit before Mr. McCollum's death.

RESPONSE: ADMIT.

4. Admit TDCJ did not, before Mr. McCollum's death, distribute lists of prisoners susceptible to heat-related injuries to the corrections officers who monitored the dorms in the Hutchins Unit.

RESPONSE: Objection overbroad, vague as to "heat related injuries." Subject to and without waiving Defendant can neither admit nor deny as no such lists existed for the purpose described by this request. TDCJ admits that no non-existent lists were distributed to corrections officers who personally monitored the dorms in the Hutchins Unit before Mr. McCollum's death.

5. Admit lists of prisoners susceptible to heat-related injuries that TDCJ distributed to corrections officers who personally monitored the dorms in the Hutchins Unit at any time before Mr. McCollum's death have been destroyed, lost, or no longer exist.

RESPONSE: Defendants can neither admit nor deny as no such lists existed for the purpose described by this request. Subject to and without waiving, denied. TDCJ cannot destroy something that did not exist.

6. Admit UTMB staff at the Hutchins Unit did not provide lists of prisoners susceptible to heat-related injuries to TDCJ correctional officers at the Hutchins Unit before Mr. McCollum's death.

RESPONSE: ADMIT.

7. Admit TDCJ did not, before Mr. McCollum's death, distribute lists of prisoners with heat restrictions to the corrections officers who monitored the dorms in the Hutchins Unit.

RESPONSE: ADMIT.

8. Admit lists of prisoners with heat-restrictions that TDCJ distributed to the corrections officers who personally monitored the dorms in the Hutchins Unit at any time before Mr. McCollum's death have been destroyed, lost, or no longer exist.

RESPONSE: Defendant can neither admit nor deny. There were no lists of prisoners with heat-restrictions that TDCJ distributed to the corrections officers who personally monitored the dorms in the Hutchins Unit before Mr. McCollum's death.

9. Admit UTMB staff at the Hutchins Unit did not provide lists of prisoners with heat restrictions to TDCJ correctional officers at the Hutchins Unit before Mr. McCollum's death.

RESPONSE: ADMIT.